

06.30.00

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Patent

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :

Melvin L. Barnes, Jr. *et al.*

Serial No.: Not Assigned

Filed: Herewith

Express Mail Label No. T0652786057

Group Art Unit: Not Assigned

Examiner: Not Assigned

For: A Method and Apparatus For Providing Communication Transmissions

TRANSMITTAL LETTERAssistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input checked="" type="checkbox"/> New Utility Application Specification Pages: 73 Drawing Sheets: 5 Claim pages: 8 Abstract pages: 1	\$ 345.00
<input checked="" type="checkbox"/> Statement Claim Small Entity Status (37 C.F.R. 1.9(f) & 1.27(b)) - Independent Inventor	\$
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input type="checkbox"/> Response to Notice of Incomplete Application	\$
<input checked="" type="checkbox"/> Declaration and Power of Attorney: <input checked="" type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Formal Drawings:     Sheets     Figures	\$
<input type="checkbox"/> Information Disclosure Statement and Form 1449 and     References	\$
<input type="checkbox"/> Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input type="checkbox"/> Request for Extension of Time for     month(s)	\$
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Other:	\$
<input type="checkbox"/> No additional claim fee is required	\$
<input checked="" type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$ 117.00
<b>TOTAL FEES BEING SUBMITTED</b>	<b>\$ 462.00</b>

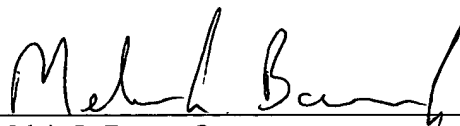
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	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims	20	20	0	x \$9.00	\$ 0.00
Independent Claims	6	3	3	x \$39.00	\$ 117.00
Multiple Dependent Claims (if applicable)				\$	\$
<b>TOTAL EXCESS CLAIMS FEE</b>					<b>\$ 117.00</b>
SMALL ENTITY TOTAL (if applicable)					\$ 0.00

Enclosed is a check in the amount of \$462.00 for the above listed fees. The Commissioner is requested to contact the undersigned in the event of an overpayment or underpayment of any fees. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,



Melvin L. Barnes, Jr.  
Registration No. 38,375

Dated: June 29, 2000

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005230-0500950